

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # <u>10/520054</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$ <u>50</u>
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>50</u>	
		8 TO BE REFUNDED BY:		
		<input type="checkbox"/> Treasury Check		
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #: <u>04 -- 0100</u>	
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>		
10 REASON:		9 <input type="checkbox"/> No Fee Due (Explanation): _____		
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>John Anderson</u>		TITLE: <u>Paralegal Specialist</u>		
SIGNATURE: <u>John Anderson</u>		PHONE: <u>308-9140 ext 211</u>		
OFFICE: <u>PCT - DO/EO</u>		***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****		
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____ 2 Serial/Patent # 10/520 054

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ <u>150</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

7 TOTAL AMOUNT OF REFUND \$ 150

8 TO BE REFUNDED BY:

10 REASON:	Treasury Check
<input checked="" type="checkbox"/> Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:
<input type="checkbox"/> Duplicate Payment	9 <u>04</u> -- <u>0100</u>
No Fee Due (Explanation):	

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: John Anderson

TITLE: Patent Specialist

SIGNATURE: John Anderson

PHONE: 308-9140 x 211

OFFICE: PCT DO/EO

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